



**CSIR-CENTRAL ELECTRONICS ENGINEERING RESEARCH
INSTITUTE**

Council of Scientific & Industrial Research

PILANI - 333 031 (RAJASTHAN) INDIA

Fax No. : 01596-242135, 242294

REGISTERED POST

PH No. 01596-244710

Tender No. 24/P-04/Disp/6-Pur/2015/T-18

Date: 13.05.2015

TENDER DOCUMENTS FOR LIMITED TENDER

M/s. _____

Sub: **Supply of Medicines.**

Dear Sirs,

The Director, CSIR-Central Electronics Engineering Research Institute , Pilani – 333 031, invites you to quote for the stores as per the **SCHEDULE OF REQUIREMENT/PROFORMA OF QUOTATION ON FIXED PRICE BASIS**. Sealed quotation must be submitted on the specified date & time. **THE QUOTATIONS RECEIVED THROUGH FAX/E-MAIL/TELEGRAM/TELEX in open condition will not be considered.**

Quotation duly completed in all respects must reach **THE STORES & PURCHASE OFFICER, CEERI, PILANI NOT LATER THAN 2.30 P.M. ON 10.06.2015 AND THE SAME WILL BE OPENED ON 10.06.2015 AT 3.30 PM.** The Due Date & Time and Opening Date & Time will not be extended at all.

YOU ARE ADVISED TO GO THROUGH THIS DOCUMENT CAREFULLY TO COMPLY WITH ALL THE REQUIREMENTS OF THIS DOCUMENT

Your tender, it must contain the following:

1. A letter on your letter head confirming your capacity to supply the stores as per our tender requirement
2. Our tender documents duly stamped and signed by your authorized signatory on all pages in token of acceptance of our tender specifications requirement and terms & conditions.
3. **EMD in the form of Demand Draft (D.D.) or Bank Guarantee for ` 90,000=00 (` Ninety Thousand Only) in favour of Director, CEERI, Pilani valid up to 6 months from the date of opening of tenders. The pro-forma for Bank Guarantee is enclosed.**

4. Document in support of previous orders executed and list of valuable customers.
 - a) Quotation letter as per enclosed Performa.
 - b) Complete quotation with commercial terms & conditions along with charges of Packing, forwarding, Freight, Insurance, Taxes/duties and payment terms, delivery date etc. WHERE THERE IS NO MENTION OF THESE TERMS AND CONDITIONS SUCH QUOTATIONS SHALL BE REJECTED AS INCOMPLETE.
 - c) The quotes must signify the capacity in which the quotation has been signed, i.e. whether as a Sole proprietor, authorized Partner or as authorized signatory of a company.

TERMS AND CONDITIONS

1. **PRICE:** - (A) The prices should be **FOR CEERI, Pilani** inclusive of packing, forwarding, freight and insurance charges. In case of Ex-Works Prices, The Packing, Forwarding, Freight, Insurance charges must be clearly quoted in your quotation. No other charges than those mentioned in the quotation will be paid.

(B) **Excise Duty:** - We are exempted from the payment of Excise Duty under notification number 10/97. Hence E.D. if any, should be shown separately for which excise exemption certificate will be issued.

(C) **Sales Tax/VAT :-** The percentage of Sales tax as applicable should also be specified clearly in the quotation. However concessional Sales Tax is allowed by states to R&D units against concessional / Sales Tax Certificate which will be issued along with order. We are not eligible to issue Form 'C' or 'D'.

WHERE THERE IS NO MENTION OF THE ABOVE TERMS & CONDITIONS SUCH QUOTATIONS SHALL BE REJECTED AS INCOMPLETE.

2. **PACKING:** - **The** goods must be packed by standard packing material, failing which supplier will only be responsible for any damages / discrepancies to the consignment due to poor packing of goods.
3. **PERIOD OF DELIVERY:** - **The medicines must be delivered within 30 days after received of purchase order. However if this delivery period is not acceptable to you, please quote your fixed date of delivery.**

(A) **Mode of Delivery:** - The mode of delivery may be specifically be quoted in your quotation which will be adopted by you for the supply of goods. The goods must be supplied at CEERI Central Store, Pilani.

4. **VALIDITY OF OFFER/Quotation:** - The prices must be valid for a period of **Two months** from the date of opening of the quotation. No upward changes in prices will be acceptable in any condition after opening of tender.

5. **ALL THE VENDORS MUST ENCLOSE THE AUTHORIZATION LETTER OF QUOTED MEDICINES OF THEIR MANUFACTURERS ALONG WITH QUOTATION FAILING WHICH THEIR QUOTATION SHALL BE REJECTED.**
6. **THE EXPIRY DATE OF QUOTED MEDICINES ARE MINIMUM ONE(1) YEAR FROM THE DATE OF MEDICINES RECEIVED AT CSIR-CEERI, PILANI, CENTRAL STORE.**
7. **PAYMENTS:** - The payment will be made against bill only after supply of medicines in good conditions and as per order after acceptance by RMO of CSIR-CEERI, Pilani,
No advance payment will be made to any supplier.
8. **INSPECTION:** - The packages shall be opened in the presence of firm's representative and inspection of the medicines will be done by our officials/Doctor in the presence of firms representative at site. In case firms representative is not available, the inspection will be done by officials/Doctor. The discrepancies will be intimated to supplier accordingly. All short supplies will be arranged by supplier on FOR basis at site. In case of receipt of the material in, damaged or defective condition the supplier will have to arrange the replacement of goods free of cost pending the settlement of the insurance case wherever applicable.
9. **EMD: - EMD OF ₹ 90,000=00 (Ninety Thousand Only) TOWARDS EARNEST MONEY ONLY IN THE FORM OF Demand Draft OF BANK GUARANTEE valid for SIX MONTHS from the date of opening of the tender must be submitted along with the quotation otherwise quotation will not be considered.** The firms, if registered with DGS&D, NSIC, Public Undertakings, Central Autonomous Bodies and with the CSIR Labs./Instts. for supply of the same item for which the party is submitting the quotation, will be exempted from submission of EMD. These parties will have to submit registration certificate along with their quotations. EMD of the un-successful bidders shall be refunded at the earliest after finalizing the purchase of the concerned item. The parties must, therefore, submit a pre-receipted Receipt along with the quotation to enable us to refund their EMD. In case the tenderer is failed to accept our order or failed to execute our order the EMD will be forfeited. **BID(s) NOT ACCOMPANIED WITH AN EMD IS/ARE LIABLE TO BE REJECTED.**
10. **PENALTY:** - In case the delivery of goods is not made on or before the prescribed date of delivery by the supplier a penalty @ 0.5% per Week of order value will be charged to a maximum of 5% from the successful tenderer.

11. **DELETION OF NAMES OF DEFAULTING PARTIES:** - Names of parties backing out/defaulting after opening of tenders will be recommended for deletion from the list of suppliers in addition to forfeiture of EMD submitted by the party. Those firms have already been Black listed by CSIR / Govt. of India, need not apply / quote.
12. **UNSOLICITED QUOTATION/LATE QUOTATION:** - Unsolicited quotation / incomplete quotations / late or delayed tenders shall not be considered at all. Post tender revisions/corrections shall also render their tender liable for rejection. It is the responsibility of the bidder to ensure that the bid complete in all respect is received in CSIR-CEERI before the last date of receipt of tenders. CSIR-CEERI will not be responsible for the loss/delay in transit of any bid.
13. **FORCE MAJEURE**
Neither of the Parties hereto shall be liable for damage or have the right cancel for any delay or default in performing it's control including but not limited to Fire. Storm, Floods, Earthquakes, acts of God, government restrictions, continuing domestic or international problems (such as wars, rebellion, insurrections, strikes, riots, work stoppages, labour dispute) or delay as to ancillary materials, which affect the dates of fulfillment of any obligations as per the Purchase Order. Such dates will be respectively postponed for the period of continuance of such force majeure circumstances and the other party can suspend the performance of it's obligations correlated to the postponed obligation of the affected party.

The obligation thus postponed shall be resumed after the force majeure circumstances have ceased. At the beginning, during and at the pre-visible end of the force majeure circumstances the parties shall promptly consult with each other about appropriate counter measures to be taken.

If the performance of obligations of any party should be delayed more than six (06) months by reasons of force majeure circumstances mentioned above, the parties shall mutually consult about subsequent performance of obligations.

14. **CANCELLATION OF ORDER**

In the event of vendor's failure to execute the order as per terms and conditions mentioned therein, CSIR-CEERI reserves the right to cancel the Purchase Order without any obligation. The Bidder may also specify obligations if CSIR-CEERI decides to cancel the Purchase Order for reasons attributable to CSIR-CEERI.

15. **ARBITRATION:** - All disputes or differences arising under and out of, or in connection with the contract, if concluded, shall be referred to the sole arbitration by an arbitrator appointed under the provisions of Indian Arbitration Act.1940 by CSIR-CEERI. The same shall be binding on both the parties.

16. **ACCEPTANCE OF OFFER :-** The Director, CSIR-CEERI reserves the right to accept or reject any quotation / tender in part or full without assigning any reason thereof. No interim inquiries will be attended to.
17. **FALL CLAUSE:** The supplier shall certify that if the prices go downwards before execution of our order than the quoted prices, the benefit in this situation shall be allowed to CSIR-CEERI by the supplier. The supplier shall certify that the material shall not be supplied to anyone less than the contract price during the period of execution of CSIR-CEERI order.

NOTE:-

1. **PLEASE SUBMIT THE QUOTATION AS PER ENCLOSED PROFORMA ONLY.**
2. **AFTER SUBMISSION OF THE QUOTATION NO ANY AMENDMENT WILL BE ACCEPTED.**

STORES & PURCHASE OFFICER

MODEL BANK GUARANTEE FORMAT FOR FURNISHING BID SECURITY (EMD)

WHEREAS(HEREINAFTER CALLED THE "TENDERS") HAS SUBMITTED THEIR OFFER DATEDFOR THE SUPPLY OF (HEREINAFTER CALLED THE "TENDER") AGAINST THE PURCHASER'S TENDER ENQUIRY NO. KNOW ALL MEN BY THESE PRESENTS THAT WEOFHAVING OUR REGISTERED OFFICE AT ARE BOUND UNTO(HEREINAFTER CALLED THE "PURCHASER) IN THE SUM OF FOR WHICH PAYMENT WILL AND TRULY TO BE MADE TO THE SAID PURCHASER, THE BANK BINDS ITSELF, ITS SUCCESSORS AND ASSIGNS BY THESE PRESENTS. SEALED WITH THE COMMON SEAL OF THE SAID BANK THISDAY OF20.....

THE CONDITIONS OF THIS OBLIGATION ARE :

(1) IF THE TENDERER WITHDRAWS OR AMENDS, IMPAIRS OR DEROGATES FROM THE TENDER IN ANY RESPECT WITHIN THE PERIOD OF VALIDITY OF THIS TENDER.

(2) IF THE TENDERER HAVING BEEN NOTIFIED OF THE ACCEPTANCE OF HIS TENDER BY THE PURCHASER DURING THE PERIOD OF ITS VALIDITY :-

- (a) If the tenderer fails to furnish the performance security for the due performance of the contract.**
- (b) Fails or refuses to accept/execute the contract.**

WE UNDERTAKE TO PAY THE PURCHASER UP TO THE ABOVE AMOUNT UPON RECEIPT OF ITS FIRST WRITTEN DEMAND, WITHOUT THE PURCHASER (CSIR/CEERI) HAVING TO SUBSTANTIATE ITS DEMAND, PROVIDED THAT IN ITS DEMAND THE PURCHASER WILL NOTE THAT THE AMOUNT CLAIMED BY IT IS DUE TO IT OWING THE OCCURRENCE OF ONE OR BOTH THE TWO CONDITIONS, SPECIFYING THE OCCURRED CONDITION OR CONDITIONS. THIS GUARANTEE WILL REMAIN IN FORCE UP-TO AND INCLUDING 45 DAYS AFTER THE PERIOD OF TENDER VALIDITY AND ANY DEMAND IN RESPECT THEREOF SHOULD REACH THE BANK NOT LATER THAN THE ABOVE DATE.

Signature of the authorized officer of the bank

Name and designation of the officer

Seal, name and address of the Bank and address of the Branch.

PROFORMA FOR QUOTATION

From

M/s.

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Quotation No.

Date

Sales Tax Regn. No.

Phone No.

Fax No.

E-mail

To,

The Director,
Central Electronics Engineering Research Institute,
Pilani (Rajasthan)

Ref: Your quotation inquiry letter No. dated

Dear Sir,

With reference to your above referred inquiry letter, we are submitting our quotation as under for the supply of material as requested by you. **The quoted prices of Medicines are valid for 60 days.**

| S.No. | Description of Material | Qty. | Packing | MRP | Discounted Rate | Unit | Sales Tax | Total Amount | Expiry date of Medicine |
|-------|-------------------------|---------------|---------|-----|-----------------|------|-----------|--------------|-------------------------|
| | <u>TABLETS</u> | | | | | | | | |
| 1. | ZINETAC 150 MG | 3000 TABLETS | | | | | | | |
| 2. | LAZINE 5 MG | 4000 TABLETS | | | | | | | |
| 3. | GLYCIPHAGE-SR 1GM | 1000 TABLETS | | | | | | | |
| 4. | MACFAST 650 MG | 2000 TABLETS | | | | | | | |
| 5. | NEBISTAR 5 MG | 300 TABLETS | | | | | | | |
| 6. | CARDACE 2.5 MG | 1000 TABLETS | | | | | | | |
| 7. | CARDACE 5 MG | 2000 TABLETS | | | | | | | |
| 8. | MAXGALIN-M ER 75 MG | 3000 TABLETS | | | | | | | |
| 9. | DYTOR 5 MG | 1000 TABLETS | | | | | | | |
| 10. | DYTOR 10 MG | 1000 TABLETS | | | | | | | |
| 11. | DYTOR PLUS 10 MG | 2000 TABLETS | | | | | | | |
| 12. | BISOHEART-AM 5 MG | 10000 TABLETS | | | | | | | |
| 13. | VERTIN 16 MG | 2000 TABLETS | | | | | | | |
| 14. | ETIZOLA BETA 0.25 MG | 2000 TABLETS | | | | | | | |
| 15. | LONAZEP 0.25 MG | 3000 TABLETS | | | | | | | |

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|-----|-----------------------|---------------|--|--|--|--|--|--|--|
| 16. | LONAZEP 0.5 MG | 5000 TABLETS | | | | | | | |
| 17. | LONAZEP 1 MG | 1000 TABLETS | | | | | | | |
| 18. | PIOMED-M 30 | 3000 TABLETS | | | | | | | |
| 19. | VITCOFER | 2000 TABLETS | | | | | | | |
| 20. | COLVAC | 6000 TABLETS | | | | | | | |
| 21. | AMLOVAS-M 5/50 | 10000 TABLETS | | | | | | | |
| 22. | GEMER 1 MG | 2000 TABLETS | | | | | | | |
| 23. | GLYKIND-M | 15000 TABLETS | | | | | | | |
| 24. | VOGLISTAR GM2 | 10000 TABLETS | | | | | | | |
| 25. | GLIMESTAR M2 | 8000 TABLETS | | | | | | | |
| 26. | ALSARTAN-H | 4000 TABLETS | | | | | | | |
| 27. | TABLET THYROUP 50 uG | 25 BOTTLES | | | | | | | |
| 28. | OLMEZEST-AM 40 MG | 1000 TABLETS | | | | | | | |
| 29. | RIFAGUT 400 MG | 1000 TABLETS | | | | | | | |
| 30. | TABLET THYROUP 100 uG | 15 BOTTLES | | | | | | | |
| 31. | ETOSAID 120 MG | 10000 TABLETS | | | | | | | |
| 32. | ACEMED FORTE | 7000 TABLETS | | | | | | | |
| 33. | DIACE-GM | 6000 TABLETS | | | | | | | |
| 34. | ONCAL-CT | 10000 TABLETS | | | | | | | |
| 35. | SANOFLAM | 20000 TABLETS | | | | | | | |
| 36. | DROZ-M | 5000 TABLETS | | | | | | | |
| 37. | ZEFPOX 200 MG | 5000 TABLETS | | | | | | | |
| 38. | TIZIGUN | 10000 TABLETS | | | | | | | |
| 39. | SANODASE-P | 7000 TABLETS | | | | | | | |
| 40. | ASMAKAST | 3000 TABLETS | | | | | | | |
| 41. | OFACT-OZ | 1000 TABLETS | | | | | | | |
| 42. | HISTAFREE 180 MG | 3000 TABLETS | | | | | | | |
| 43. | MACROFOL-FA | 3000 TABLETS | | | | | | | |
| 44. | CIT-V-FORTE | 7000 TABLETS | | | | | | | |
| 45. | ACTRAM-P | 15000 TABLETS | | | | | | | |
| 46. | COVIT-Q | 1000 TABLETS | | | | | | | |
| 47. | ACEMED-200 SR | 10000 TABLETS | | | | | | | |
| 48. | CEFROBACT 500 MG | 1000 TABLETS | | | | | | | |
| 49. | ABIXIM-OF | 2000 TABLETS | | | | | | | |
| 50. | TABLET PILEX | 30 PACKS | | | | | | | |
| 51. | DISPRIN | 1000 TABLETS | | | | | | | |
| 52. | DIGENE | 3000 TABLETS | | | | | | | |
| 53. | TABLET ALSAREX | 30 PACKS | | | | | | | |
| 54. | STEMETIL-MD | 4000 TABLETS | | | | | | | |
| 55. | ATIVAN 2 MG | 1000 TABLETS | | | | | | | |
| 56. | TABLET LIV-52 | 100 PACKS | | | | | | | |

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|-----|-----------------------|---------------|--|--|--|--|--|--|--|
| 57. | EVION-LC | 4000 TABLETS | | | | | | | |
| 58. | KOFLET-H | 6000 LOZENGES | | | | | | | |
| 59. | BETNESOL | 2000 TABLETS | | | | | | | |
| 60. | DERIPHYLLIN OD 450 MG | 1000 TABLETS | | | | | | | |
| 61. | AMLOVAS-AT | 10000 TABLETS | | | | | | | |
| 62. | GEMINOR 1 MG | 2500 TABLETS | | | | | | | |
| 63. | GEMINOR 2 MG | 1500 TABLETS | | | | | | | |
| 64. | TENOMAC 50 MG | 5000 TABLETS | | | | | | | |
| 65. | ZERODOL-TH 8 MG | 5000 TABLETS | | | | | | | |
| 66. | MOXOCARD 0.3 MG | 5000 TABLETS | | | | | | | |
| 67. | ATEN 50 MG | 4000 TABLETS | | | | | | | |
| 68. | CILACAR 10 MG | 10000 TABLETS | | | | | | | |
| 69. | MOXIMAC 400 MG | 1000 TABLETS | | | | | | | |
| 70. | METOLAR-XR 25 MG | 2000 TABLETS | | | | | | | |
| 71. | METOLAR-XR 50 MG | 2000 TABLETS | | | | | | | |
| 72. | VINICOR-XL 100 MG | 3000 TABLETS | | | | | | | |
| 73. | AB PHYLLINE-SR 200 MG | 2000 TABLETS | | | | | | | |
| 74. | ROFADAY | 1000 TABLETS | | | | | | | |
| 75. | JALRA 50 MG | 4000 TABLETS | | | | | | | |
| 76. | GLUCONORM G4 | 6000 TABLETS | | | | | | | |
| 77. | TELISTA 40 MG | 2000 TABLETS | | | | | | | |
| 78. | TELISTA 80 MG | 4000 TABLETS | | | | | | | |
| 79. | TELEACT-D 80 MG | 3000 TABLETS | | | | | | | |
| 80. | VOBIT 0.3 MG | 2000 TABLETS | | | | | | | |
| 81. | AZIFEM 500 MG | 3000 TABLETS | | | | | | | |
| 82. | SENSICLAV 625 MG | 2000 TABLETS | | | | | | | |
| 83. | LIZOMAC 600 MG | 500 TABLETS | | | | | | | |
| 84. | FLAGYL 400 MG | 2000 TABLETS | | | | | | | |
| 85. | SUPRADYN | 2000 TABLETS | | | | | | | |
| 86. | FURENT 100 MG | 2000 TABLETS | | | | | | | |
| 87. | URISPAS | 1000 TABLETS | | | | | | | |
| 88. | TERBINAFORCE | 700 TABLETS | | | | | | | |
| 89. | CEFADROX 500 MG | 3000 TABLETS | | | | | | | |
| 90. | FLEXURA-D | 5000 TABLETS | | | | | | | |
| 91. | ORNAMAC | 5000 TABLETS | | | | | | | |
| 92. | ZINOX | 500 TABLETS | | | | | | | |
| 93. | CINZAN 25-DT | 2000 TABLETS | | | | | | | |
| 94. | GLUCONORM-P 30 | 3000 TABLETS | | | | | | | |
| 95. | COBADEX-CZS | 3000 TABLETS | | | | | | | |
| 96. | HIFENAC-MR | 5000 TABLETS | | | | | | | |
| 97. | NT PLUX | 10000 TABLETS | | | | | | | |

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|-----|----------------------------------|----------------|--|--|--|--|--|--|--|
| 98. | RELODOL | 10000 TABLETS | | | | | | | |
| 99. | DR-SPAS | 5000 TABLETS | | | | | | | |
| | <u>CAPSULES</u> | | | | | | | | |
| 1. | BERBESTA | 3000 CAPSULES | | | | | | | |
| 2. | BIO D3 MAX | 3000 CAPSULES | | | | | | | |
| 3. | CORPHEN-D | 10000 CAPSULES | | | | | | | |
| 4. | PANTOCID-DSR | 10000 CAPSULES | | | | | | | |
| 5. | RABLET-L | 3000 CAPSULES | | | | | | | |
| 6. | PRIFERON | 10000 CAPSULES | | | | | | | |
| 7. | ZEVIT | 5000 CAPSULES | | | | | | | |
| 8. | BRACID-DSR | 20000 CAPSULES | | | | | | | |
| 9. | PROBIG | 2500 CAPSULES | | | | | | | |
| 10. | ULSERAB-DSR | 7000 CAPSULES | | | | | | | |
| 11. | ROZUSTAT-ASP | 30000 CAPSULES | | | | | | | |
| 12. | SILOFAST-D 8 MG | 1000 CAPSULES | | | | | | | |
| 13. | OCID 20 MG | 3000 CAPSULES | | | | | | | |
| 14. | LUPIKRILL | 2000 CAPSULES | | | | | | | |
| 15. | MATILDA-AF | 6000 CAPSULES | | | | | | | |
| 16. | FLODART-PLUS | 4000 CAPSULES | | | | | | | |
| 17. | NUTRIGO TOTAL | 10000 CAPSULES | | | | | | | |
| 18. | LUPIN'S KATADOL 100 MG | 6000 CAPSULES | | | | | | | |
| 19. | CEFRINE | 1000 CAPSULES | | | | | | | |
| 20. | HARTY | 6000 CAPSULES | | | | | | | |
| 21. | FLUGESIC 100 MG | 4000 CAPSULES | | | | | | | |
| 22. | NERVIC-P | 4000 CAPSULES | | | | | | | |
| | <u>SYRUPS AND POWDERS</u> | | | | | | | | |
| 1. | CREMAFFIN PLUS 200 ML | 100 BOTTLES | | | | | | | |
| 2. | APTIVATE 450 ML | 100 BOTTLES | | | | | | | |
| 3. | SAT ISABGOL 100 GM | 100 PIECES | | | | | | | |
| 4. | SAT ISABGOL 200 GM | 100 PIECES | | | | | | | |
| 5. | POTRATE-MB6 (200 ML) | 100 BOTTLES | | | | | | | |
| 6. | FEBREX PLUS 100 ML | 100 BOTTLES | | | | | | | |
| 7. | FEBREX PLUS-DS | 200 BOTTLES | | | | | | | |
| 8. | IRENTIA | 100 BOTTLES | | | | | | | |
| 9. | LACTIHEP 200 ML | 100 BOTTLES | | | | | | | |
| 10. | PEGALUP 200 ML | 100 BOTTLES | | | | | | | |
| 11. | TUSCON 100 ML | 500 BOTTLES | | | | | | | |
| 12. | CYPDINE 200 ML | 100 BOTTLES | | | | | | | |
| 13. | CEFROBACT 30 ML | 50 BOTTLES | | | | | | | |
| 14. | VANPOX-100 (30 ML) | 100 BOTTLES | | | | | | | |
| 15. | ZIMOCIN 200 MG 15 ML | 50 BOTTLES | | | | | | | |

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|-----|---------------------------------|-------------|--|--|--|--|--|--|--|
| 16. | T-NIL M | 50 BOTTLES | | | | | | | |
| 17. | ELECTRAL 21.8 GM | 200 SACHETS | | | | | | | |
| 18. | LACTIFIBER 180 GM | 200 PIECES | | | | | | | |
| 19. | SORBACID 170 ML | 500 BOTTLES | | | | | | | |
| 20. | ZEET EXPECTORANT 100 ML | 250 BOTTLES | | | | | | | |
| 21. | MACBERY-LS 100 ML | 300 BOTTLES | | | | | | | |
| 22. | ASTHAKIND 100 ML | 300 BOTTLES | | | | | | | |
| 23. | CODYLEX LINCTUS 100 ML | 250 BOTTLES | | | | | | | |
| 24. | DILOSYN 100 ML | 250 BOTTLES | | | | | | | |
| 25. | TUSSTAT 100 ML | 250 BOTTLES | | | | | | | |
| 26. | TOSSEX 100 ML | 300 BOTTLES | | | | | | | |
| 27. | MAGNATUSS-A 100 ML | 300 BOTTLES | | | | | | | |
| 28. | TRUMP-A 100 ML | 300 BOTTLES | | | | | | | |
| 29. | SOFTOVAC POWDER 100 GM | 100 PACKS | | | | | | | |
| 30. | DUPHALAC 200 ML | 100 BOTTLES | | | | | | | |
| 31. | MEXPERT POWDER | 100 PACKS | | | | | | | |
| | <u>FOR INHALATION</u> | | | | | | | | |
| 1. | LEVOLIN INHALER | 10 PIECES | | | | | | | |
| 2. | LEVOLIN ROTACAPS | 20 PACKS | | | | | | | |
| 3. | AEROCORT INHALER | 20 PIECES | | | | | | | |
| 4. | AEROCORT FORTE ROTACAPS | 100 PACKS | | | | | | | |
| 5. | AEROTROP-F MYCAPS | 300 PACKS | | | | | | | |
| 6. | FLUTICORT-F MYCAPS | 150 PACKS | | | | | | | |
| 7. | FLUTROL-500 MYCAPS | 100 PACKS | | | | | | | |
| 8. | DUOLIN ROTACAPS | 100 PACKS | | | | | | | |
| 9. | LEVOLIN RESPULES 1.25 MG | 20 RESPULES | | | | | | | |
| 10. | DUOLIN RESPULES | 20 RESPULES | | | | | | | |
| 11. | BUDECORT 1 MG RESPULES | 20 RESPULES | | | | | | | |
| 12. | LUPIHALER | 100 PIECES | | | | | | | |
| | <u>FOR EXTERNAL USE</u> | | | | | | | | |
| 1. | OTRIVIN-ADULT NASAL SPRAY 10 ML | 50 PIECES | | | | | | | |
| 2. | OTRIVIN-PAED NASAL SPRAY 10 ML | 30 PIECES | | | | | | | |
| 3. | OTRIVIN-S NASAL SPRAY 10 ML | 50 PIECES | | | | | | | |
| 4. | ITONE EYE DROPS 10 ML | 500 PIECES | | | | | | | |
| 5. | OCUPOL-D EYE OINTMENT 5 GM | 30 TUBES | | | | | | | |
| 6. | ZINCOREN EYE DROPS 10 ML | 100 PIECES | | | | | | | |
| 7. | FML EYE DROPS 5 ML | 50 PIECES | | | | | | | |
| 8. | I-KUL PLUS EYE DROPS 10 ML | 100 PIECES | | | | | | | |
| 9. | DUONASE NASAL SPRAY | 30 PIECES | | | | | | | |
| 10. | TOPIFORT Nx LOTION 15 ML | 150 PIECES | | | | | | | |
| 11. | BETADINE GARGLES 100 ML | 200 BOTTLES | | | | | | | |

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|-----|-------------------------------|----------------|--|--|--|--|--|--|--|
| 12. | SOFRAMYCIN SKIN CREAM 30 GM | 200 TUBES | | | | | | | |
| 13. | OINTMENT BETNOVATE-N 20 GM | 400 TUBES | | | | | | | |
| 14. | OINTMENT NEOSPORIN-SKIN 20 GM | 50 TUBES | | | | | | | |
| 15. | HIORA-GA GEL 15 ML | 50 PIECES | | | | | | | |
| 16. | HIORA-SG GEL 10 GM | 100 PIECES | | | | | | | |
| 17. | DERMOCALM LOTION 100 ML | 50 PIECES | | | | | | | |
| 18. | METROGYL-DG GEL 20 GM | 30 TUBES | | | | | | | |
| 19. | VOLITRA SPRAY 55 GM | 400 PIECES | | | | | | | |
| 20. | RUMALAYA LINIMENT 60 ML | 400 BOTTLES | | | | | | | |
| 21. | SUPAMOVE CREAM 30 GM | 250 TUBES | | | | | | | |
| 22. | OTEK-AC EAR DROPS 5 ML | 50 PIECES | | | | | | | |
| 23. | OINTMENT COSVATE-S 30 GM | 200 TUBES | | | | | | | |
| 24. | D-SIGNOFLAM TRANSGEL 30 GM | 1000 TUBES | | | | | | | |
| 25. | ORCERIN OINTMENT | 400 TUBES | | | | | | | |
| 26. | ABINAC GEL | 1000 TUBES | | | | | | | |
| 27. | BACTROBAN CREAM 5 GM | 100 TUBES | | | | | | | |
| 28. | BRUGEL 30 GM | 250 TUBES | | | | | | | |
| 29. | DERMOTRIAD + CREAM 10 GM | 700 TUBES | | | | | | | |
| 30. | ESGIPYRIN INSTAGEL 30 GM | 300 TUBES | | | | | | | |
| 31. | SERRINAC GEL | 300 TUBES | | | | | | | |
| | <u>INJECTIONS</u> | | | | | | | | |
| 1. | HYOCIMAX 1 ML | 20 AMPULES | | | | | | | |
| 2. | DICLOGESIC RR | 30 AMPULES | | | | | | | |
| 3. | MYORIL | 20 AMPULES | | | | | | | |
| 4. | ZESTABOLIN 50 MG | 10 AMPULES | | | | | | | |
| 5. | HUMALOG MIX 25 | 150 CARTRIDGES | | | | | | | |
| 6. | TETANUS TOXOID 0.5 ML | 250 AMPULES | | | | | | | |

Terms & Conditions:

1. Validity of quotation: 60 days for the date of tender opening.
2. Price: FOR, CSIR-CEERI, Pilani.
3. Delivery Period: 30 days after received of purchase order.
4. Payment: Bill Payment.

Authorized Signatory

For M/s.